CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit

•	Questions from Administrative Law Judges may be submitted dir where the hearing took place, with a copy of the form directed to	rectly to the	ne CalFresh Policy an	alyst assigned responsibility to the count	
1.	RESPONSE NEEDED DUE TO:	5. C	ATE OF REQUEST:		
	✓ Policy/Regulation Interpretation		4/14/2015	NEED RESPONSE BY:	
	□ QC		OUNTY/ORGANIZATION:		
	☐ Fair Hearing	5	iskiyou County Hea	alth & Human Services	
	Other:	7. 5	UBJECT:		
		CF ES & SSI/SSP			
2.	REQUESTOR NAME: Janet Dingle	8. R	EFERENCES: (Include AC	CL/ACIN, court cases, etc. in references)	
3.	PHONE NO.:		OTE. All requests must n	ave a regulation cite(s) and/or a reference(s).	
	(530) 841-4024				
4.	REGULATION CITE(S):				
	CF Reg 63-402.226, 63-301.5, 63-503.443 63-502.1				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):	<u> </u>	, A		
	When screening CalFresh Application for Expedited Service member(s) have income or zero income. Is the SSI/SSP income included in the review of less than \$ less; or combined monthly gross income and liquid resource utilities?	\$150 in n	conthly gross incom	and limited and a state of	
	If HH member receives RSDI in addition to SSI/SS, is it revi	viewed ar	nd included in the so	creening process?	
10.	REQUESTOR'S PROPOSED ANSWER:	 			
	Assuming everyone in the HH purchases and prepares together:				
	Per 63-402.226 and 63-301.51: The HH member receiving SSI/SSP is ineligible to CF, and their income and property is excluded in both the screening for ES, and in the HH budget. They are considered an ineligible member, and should be put in the case to be included as a contributor toward any HH expenses.				
	It doesn't matter if they are receiving any other income in ac Any income by otherwise eligible HH members would be co	ddition to	o their SSI/SSP. All I when answering t	l income and property are excluded. he ES screening questions.	
1.	STATE POLICY RESPONSE (CFPB USE ONLY):				
	CDSS concurs with the county's interpretation.				
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	FOR CD:	SSIISE			
ATE	DECEMEN	/	ONDED TO COUNTY/ALJ:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
٩pr	il 17, 2015		ONDED TO COUNTY/ALJ:		

April 30, 2015 (WEB)

RESPONSE NEEDED DUE TO: Policy/Regulation Interpretation	5. DATE OF REQUEST:	NEED RESPONSE BY:		
☐ QC ☐ Fair Hearing	6. COUNTY/ORGANIZATION:			
Other:		SUBJECT:		
2. REQUESTOR NAME:		8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).		
3. PHONE NO.:				
4. REGULATION CITE(S):				